FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION				
		(See instruction	s)			Office use only
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Exan over	nple: If typying, type the lines	12FE4M5	
CTIA - The W	ireless Associatio	n Political Action	n Comr	nittee 		
ADDRESS (number an	d street)	16th Street NW				
(Check if addres	Sujte ss	600			1111	
is changed)	Was	nington		шшш	DC	20036
			CITY		STATE	ZIP CODE ▲
COMMITTEE'S E-M	AIL ADDRESS (Please			ess)		
(Check if address X is changed)	ss JArn	nstrong@ctia.orc	<u> </u>			
(Check if addre is changed)	B PAGE ADDRESS (U	RL)			1111	
2. DATE M	M / D D / Y	2009				
3. FEC IDENTIFIC	ATION NUMBER	C	C00	262295		
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)		
I certify that I have exar	mined this Statement and	to the best of my know	rledge and	d belief it is true, correct an	d complete	
Type or Print Name of	of Treasurer	/Ir. Jot D. Carpen	ter			
Signature of Treasure	er Electronically File	d by Mr. Jot D. (Carpen	ter	Date 111	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of				ne person signing this State		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)